

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
FC	OR	NUMB	NUMBER FILED		NUMBER EXTRA		ΤE	FEE		RATE	FEE	
ВА	SIC FEE							380.00	OR		760.00	
то	TAL CLAIMS	31	minus 20)= *	l)	X\$	9=		OR	X\$18=	198	
IND	EPENDENT CL	AIMS	o minus 3	= *	3	ХЗ	9=		OR	X78=	234	
MULTIPLE DEPENDENT CLAIM PRESENT							0=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							AL		OR	TOTAL	1192	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OF			OTHER THAN SMALL ENTITY		
AMENDMENT A	a	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	•33	Minus	# 31	-2	X \$	9=	18	OR	X\$18=		
AME	Independent	* 5	Minus	*** 6 ENDENT CLAIM	<u> </u>	X3:	}=		OR	X78=		
	FINST PRESE	NIXIION OF M	OLITPLE DEFE	ENDERT CEANA		+13	0=		OR	+260=		
		ADDIT.)TAL		OR	TOTAL ADDIT, FEE						
		(Column 1)		(Column 2)	(Column 3)				-			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	*** ENDENT CLAIM	=	X39)=		OR	X78=		
	FIRST PRESE	+13	0=		OR	+260=						
		ADDIT.)TAL FEE		OR	TOTAL ADDIT. FEE						
	_	(Column 1)		(Column 2)	(Column 3)						•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39)=		OR	X78=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
+130= * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "of in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:	<u> </u>	35611;	9		•						
Total Fee Calculation												
	Fee Code	Total # Claims	Number Extra	x	Fee	Fcc	<u>-</u>	Total				
	Sm/Lg.				Sm. Entity	Lg. Entity-						
Basic Filing Fee	201/101					760	-	760				
Total Claims >20	203/103	3/ -20	=	x		198	=	198				
Independent Claims >3	202/102	<u>b</u> -3	<u> </u>	x	1	234	=	234				
Mult Dep Claim Present	204/104					***************************************	=					
Surcharge	205/105			•		130	#	130				
English Translation	139	•				. •						
TOTAL FEE CALCUL	ATION .		*2 - 4					132)				
Fees due upon filing t	he application	· •										
Total Filing Fees Due	= \$	·	1322.0	7	•	,						
Less Filing Fees Subn	nitted -\$_					,						
BALANCE DUE	- = S		1.322.0	7		·		. •				
	00	1-										

FORM OPE-RAM-01 (Rev. 12/97)

Office of Initial Patent Examination